

ACCIDENT/INCIDENT REPORT FORM



Name of injured person:

Address:

Date of birth:

Name of person in charge of session/competition	
Date of incident/accident	
Site where incident/accident took place	
Nature of incident/injury and extent of injury	
Give details of how and precisely where the incident/accident occurred	
Describe what activity was taking place, e.g. training/game/getting changed	
Give full details of action taken during any first aid treatment and the name(s) of first aider(s)	
Were any of the following contacted?	Parent/Carer Yes / No
(Delete as appropriate)	Police Yes / No
	Ambulance Yes / No
What happened to the injured person following the incident/accident e.g. carried on with session, went home, went to hospital?	

All of the above facts are a true record of the accident/incident

Name/Position

Signature

Date

In the event of an incident/accident relating to training or faulty equipment or facilities, follow up action should include informing the committee of the incident/accident.